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TELECOPY COVER SHEET

EQUIPMENT OPERATOR CONTACT NUMBER: 508-303-0932. PLEASE CALL IF YOU DO NOT RECEIVE ALL THE PAGES.

DATE: March 2, 2006

TO: EXAMINER TOAN NGOC PHAM
UNITED STATES PATENT AND TRADEMARK OFFICE
ALEXANDRIA, VA 22313-01450

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FROM: Sender Name: Michael A. Rodriguez (Reg. No. 41,274)

Number of Pages INCLUDING This Cover Sheet 17

RE: Response to non-final Office Action Dated October 04, 2005

Application Serial No.: 10/800,491

Attorney Docket No. US4825-2 (SRI-005)

COMMENTS: Please confirm receipt of this facsimile by return receipt.

Includes: Transmittal Form (1pg);
Fee Transmittal Form (1 pg);
Petition for 2-month Extension of Time (1 pg);
Duplicate Copy of Petition for Extension of Time (1 pg);
Amendment/Reply (12 pgs);

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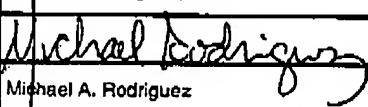
PTO/SB/21 (09-04)

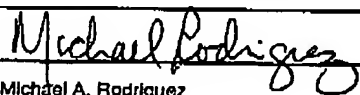
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/800,491	
	Filing Date	3/15/2004	
	First Named Inventor	Thomas Low	
	Art Unit	2632	
	Examiner Name	PHAM, Toan Ngoc	
Total Number of Pages in This Submission	16	Attorney Docket Number	US4825-2 (SRI-005)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): duplicate copy of extension of time request
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Guerin & Rodriguez, LLP	
Signature		
Printed name	Michael A. Rodriguez	
Date	3/02/2006	Reg. No. 41,274

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Michael A. Rodriguez	Date 3/02/2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**75.00****Complete if Known**

Application Number	10/800,491
Filing Date	3/15/04
First Named Inventor	LOW
Examiner Name	PHAM, Tuan N.
Art Unit	2632
Attorney Docket No.	US4825-2

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-2295 Deposit Account Name: Guerrin & Rodriguez

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims		
<u>27</u> - 20 or HP = <u>3</u> x <u>25</u> = <u>75</u>		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims		
<u>3</u> - 3 or HP = <u>0</u> x <u>0</u> = <u>0</u>		
HP = highest number of independent claims paid for, if greater than 3.		
Multiple Dependent Claims		
<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>27</u> - 100 = <u>17</u> / 50 = <u>0</u> (round up to a whole number) x <u>125</u> = <u>0</u>				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	<u>Michael Rodriguez</u>	Registration No. (Attorney/Agent)	Telephone <u>508-303-2003</u>
Name (Print/Type)	<u>Michael Rodriguez</u>	Date	<u>3-2-06</u>

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